

FILED MAY 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18567

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar **4397**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>ST. LOUIS</b> TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR <b>ST. LOUIS</b> TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>6322 Vermont</b> INSTITUTION				Length of stay in lb <b>Life</b>		d. STREET ADDRESS (If outside, give location) <b>6322 Vermont</b>	
3. NAME OF DECEASED (Type or print) First <b>BEULAH</b> Middle <b>M.</b> Last <b>CURLEE</b>				4. DATE OF DEATH Month <b>May</b> Day <b>6</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>7-18-1896</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				9b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		9c. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	
10a. FATHER'S NAME <b>Richard Maness</b>				10b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)				12. SOCIAL SECURITY NO. <b>Yes</b>		13. INFORMANT <b>Onis Curlee, 6322 Vermont</b>	
14. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Endocarditis</b> DUE TO (c) <b>Chronic</b>						INTERVAL BETWEEN ONSET AND DEATH <b>24 hr.</b> <b>Chronic</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>421.4</b>						15. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16a. ACCIDENT <input type="checkbox"/>		16b. SUICIDE <input type="checkbox"/>		16c. HOMICIDE <input type="checkbox"/>		17. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
18a. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.		19. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20c. CITY, TOWN, OR LOCATION		20d. COUNTY STATE	
21. I attended the deceased from <b>Feb 18, 1957</b> to <b>May 6, 1957</b> and last saw her alive on <b>May 6, 1957</b> . Death occurred at <b>6:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>V. J. C. Curlee M.D.</b>		(Degree or title)		22b. ADDRESS <b>7702 Larnage</b>		22c. DATE SIGNED <b>5/6/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-8-1957</b>		23c. NAME OF CEMETERY OR REMOVAL <b>New St. Marcus</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR <b>McLAUGHLIN'S, 2301 Lafayette</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>MAY 8 '57</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.